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Attorneys for Petitioner  
X-TREME PARASAIL, INC.

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF HAWAII**

In the Matter	)	Civil No.: CV04-00730 BMK
	)	
of	)	<b>IN ADMIRALTY</b>
	)	
The Complaint of X-TREME PARASAIL,	)	PETITIONER X-TREME PARASAIL, INC.'S
a Hawaii corporation, regarding Motor	)	RESPONSES TO CLAIMANTS HEALY
Vessel X-TREME, Official	)	BARTLETT AND STEVE JAQUES' FIRST
Number 1153017 for exoneration from or	)	REQUEST FOR ANSWERS TO
limitation of liability,	)	INTERROGATORIES; EXHIBITS "A" AND
	)	"B"
Petitioner.	)	
	)	
	)	

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**PETITIONER X-TREME PARASAIL, INC.'S RESPONSES TO CLAIMANTS HEALY  
BARTLETT AND STEVE JAQUES' FIRST REQUEST FOR ANSWERS TO  
INTERROGATORIES**

**EXHIBIT C**

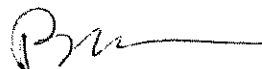
2. Vessel operation;
3. Chute inflation;
4. Passenger flight;
5. Passenger safety briefing;
6. Accident response; and
7. Training required by the U.S.Coast Guard (i.e., fire drills, man over board drills, steering casualty, etc.)

INTERROGATORY NO. 8:

Please state in full detail all causes of the subject accident of which Petitioner is aware, and if failure of any gear or equipment was a cause, please state the manufacturer, distributor, and seller of the gear or equipment, and when Petitioner bought or otherwise acquired it.

RESPONSE TO INTERROGATORY NO. 8:

Petitioner objects to this interrogatory on the grounds that to the extent that it seeks information protected from disclosure by the attorney-client privilege and/or the work product doctrine, and it is compound, calls for speculation, is vague and ambiguous, overly burdensome, and oppressive.



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ROY Y. YEMPUKU  
Attorney for Petitioner  
X-TREME PARASAIL, INC

Without waiving any objection, Petitioner responds as follows:

The accident was caused by the parting of the tow line. The tow line parted under normal weather, normal operating conditions and within the safe operating parameters as determined by

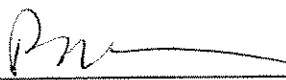
the manufacturer. The line was manufactured by Samson Rope Technologies. The line was purchased separately from the vessel and installed as part of the original equipment on the new M/V X-Treme, which began operations in July of 2004.

INTERROGATORY NO. 9:

Please state everything Petitioner did in exercising "due and reasonable diligence in preparing the M/V X-Treme for commercial employment on August 19, 2004 and in ensuring that the M/V X-Treme was a seaworthy vessel," as described in paragraph 6 of Petitioner's Complaint, and state the full names, addresses, phone numbers and email addresses of all persons having personal knowledge of what Petitioner did in these regards.

RESPONSE TO INTERROGATORY NO. 9:

Petitioner objects to this interrogatory to the extent that it seeks information protected from disclosure by the attorney-client privilege and/or the work product doctrine, and on the grounds that it is compound, calls for speculation, is vague and ambiguous, overly burdensome, and oppressive, argumentative and that Paragraph 6 of Petitioner's Complaint speaks for itself.

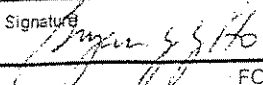
  
\_\_\_\_\_  
ROY Y. YEMPUKU  
Attorney for Petitioner  
X-TREME PARASAIL, INC

Without waiving any objection, Petitioner includes, without limitation, the following facts in response to this Interrogatory:

1. The M/V X-Treme and all of its machinery, gear and equipment, including the tow line were new, less than 60 days old;
2. The M/V X-Treme was specifically designed to be used for parasail operations;

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-2692 (Rev. 06-04)		<b>REPORT OF MARINE ACCIDENT, INJURY OR DEATH</b>				RCS No. G-MOA MISLE NOTIFICATION NUMBER					
SECTION I. GENERAL INFORMATION											
1. Name of Vessel or Facility <b>X-TREME</b>			2. Official No. <b>1153017</b>		3. Nationality <b>U.S.A.</b>		4. Call Sign <b>WDB8525</b>				
5. Type (Towing, Freight, Fish, Drill, etc.) <b>Coastwise</b>			7. Length <b>31'</b>		8. Gross Tons <b>13 GRT</b>		9. Year Built <b>2004</b>				
10. Propulsion (Steam, diesel, gas, turbine...) <b>Diesel</b>			11. Hull Material (Steel, Wood...) <b>FRP (fiberglass)</b>		12. Draft (Ft. - in.) <b>FWD 12" AFT 18"</b>		13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.) <b>N/A</b>				
14. Date (of occurrence) <b>8/19/04</b>			15. TIME (Local) <b>17/1730</b>		16. Location (See Instruction No. 10A) <b>Mamala Bay</b>						
17. Estimated Loss of Damage TO:			18. Name, Address & Telephone No. of Operating Co. <b>X-Treme Parasail, Inc. P.O. Box 8492 Honolulu, Hawaii 96830-0492</b>								
VESSEL <b>N/A</b>			CARGO <b>N/A</b>								
OTHER <b>N/A</b>											
19. Name of Master or Person in Charge <b>James Regelbrugge, Jr.</b>			USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		20. Name of Pilot <b>N/A</b>		USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO				
State License <input type="checkbox"/> YES <input type="checkbox"/> NO											
19a. Street Address (City, State, Zip Code) <b>1201 Wilder Ave., #2304</b>			19b. Telephone Number <b>223-3361</b>		20a. Street Address (City, State, Zip Code) <b>N/A</b>		20b. Telephone Number <b>N/A</b>				
21. Casualty Elements (Check as many as needed and explain in Block 44.)											
NO. OF PERSONS ON BOARD <b>12 Pax</b> <input type="checkbox"/> DEATH - HOW MANY? <input type="checkbox"/> MISSING - HOW MANY? <input checked="" type="checkbox"/> INJURED - HOW MANY? <b>1</b> <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED (Identify Substance and amount in Block 44.) <input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED <input type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.) <input type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE				<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING <input type="checkbox"/> CAPSIZING (with or without sinking) <input type="checkbox"/> FOUNDERING OR SINKING <input type="checkbox"/> HEAVY WEATHER DAMAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> COMMERCIAL DIVING CASUALTY <input type="checkbox"/> ICE DAMAGE <input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION <input type="checkbox"/> STEERING FAILURE <input checked="" type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE <input type="checkbox"/> ELECTRICAL FAILURE <input type="checkbox"/> STRUCTURAL FAILURE				<input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> BLOW OUT (Petroleum exprolation/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> OTHER (Specify)			
22. Conditions											
A. Sea or River Conditions (wave height, river stage, etc.)		B. WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify)		C. TIME <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input type="checkbox"/> NIGHT		D. VISIBILITY <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR					
						E. DISTANCE (miles of visibility) <b>horizon</b>					
						F. AIR TEMPERATURE <b>84</b> (F)					
						G. WIND SPEED & DIRECTION <b>0 - 12 East</b>					
						H. CURRENT SPEED & DIRECTION <b>East</b>					
23. Navigation Information				SPEED AND COURSE		24. Last Port Where Bound <b>Kewalo Basin</b>					
<input type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input checked="" type="checkbox"/> UNDERWAY OR DRIFTING						24a. Time and Date of Departure <b>1630 8/19/04</b>					
25. FOR TOWING ONLY		25a. NUMBER OF VESSELS TOWED		25b. TOTAL H.P. OF TOWING UNITS		25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)					
		Empty Loaded Total				Length Width					
						25d. (Describe in Block 44.)					
						<input type="checkbox"/> PUSHING AHEAD <input type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONGSIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW					
SECTION II. BARGE INFORMATION											
26a. Name		26a. Official Number		26b. Type		26c. Length					
						26d. Gross Tons					
26f. Year Built		26g. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE		26h. Draft FWD AFT		26i. Operating Company					
26j. Damage Amount				26k. Describe Damage to Barge							
BARGE											
CARGO											
OTHER											

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SECTION III. PERSONNEL ACCIDENT INFORMATION					
27. Person Involved <input checked="" type="checkbox"/> MALE or <input type="checkbox"/> FEMALE <input type="checkbox"/> DEAD <input checked="" type="checkbox"/> INJURED <input type="checkbox"/> MISSING		27a. Name (Last, First, Middle Name) Jacques, Steven 27b. Address (City, State, Zip Code) 1744 N.350 West, North Ogden, Utah, 84414		27c. Status <input type="checkbox"/> Crew <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Other	
28. Birth Date Unknown		29. Telephone No. Unknown		30. Job Position Unknown	
31. (Check here if off duty) <input type="checkbox"/>					
32. Employer - (if different from Block 18., fill in Name, Address, Telephone No.) Unknown					
33. Person's Time A. IN THIS INDUSTRY - <u>N/A</u> B. WITH THIS COMPANY - <u>N/A</u> C. IN PRESENT JOB OR POSITION - <u>N/A</u> D. ON PRESENT VESSEL/FACILITY - <u>N/A</u> E. HOURS ON DUTY WHEN ACCIDENT OCCURRED - <u>N/A</u>				34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.) N/A 35. Was the Injured Person Incapacitated 72 Hours or More? Yes 36. Date of Death N/A	
37. Activity of Person at Time of Accident Parasailing					
38. Specific Location of Accident on Vessel/Facility N/A					
39. Type of Accident (Fall, Caught between, etc.) Parasailing				40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.) Exact etiology unknown	
41. Part of Body Injured Head				42. Equipment Involved in Accident	
43. Specific Object, Part of the Equipment in block 42., or Substance (Chemical, Solvent, etc.) that directly produced the injury.					
SECTION IV. DESCRIPTION OF CASUALTY					
44. Describe how accident occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary).  <p>On August 19, 2004, the M/V X-TREME, O.N. 1153017, was conducting routine parasail operations in Mamala Bay, approximately ½ mile south of the sea buoy for the Kewalo Basin channel. James M. Regelbrugge, Jr. was operating the Vessel and Jason Bernt was the deck hand. Between 1700-1730, two passengers, Ms. Healy Bartlett and Mr. Steve Jacques, were parasailing when the tow line parted. The chute remained fully inflated and the passengers were retrieved by Messrs. Regelbrugge and Bernt after they landed in the ocean. The crew tended to Ms. Bartlett and Mr. Jacques, rendering first aid until the Vessel returned to Kewalo Basin and they were released to the custody of emergency personnel.</p> <p>Drugs/alcohol did not cause/contribute to the tow line parting. At all times before and after the line parted all equipment and machinery on the Vessel, including the chute and harness, was in good order, condition and functioned properly.</p>					
45. Witness (Name, Address, Telephone No.) James Regelbrugge, Jr., 1201 Wilder Ave., #2304, Hon., Hi. 96822					
46. Witness (Name, Address, Telephone No.) Jason Bernt,					
SECTION V. PERSON MAKING THIS REPORT					77c. Title
47. Name (PRINT) (Last, First, Middle) Ho, Bryan Y.Y.			47b. Address (City, State, Zip Code) Suite 1614, Davies Pacific Center 841 Bishop Street, Hon. Hi. 96813		Attorney In Fact
47a. Signature 			47d. Telephone No. 541-9799		47e. Date 8/25/04
FOR COAST GUARD USE ONLY					REPORTING OFFICE:
MISLE Incident Investigation Activity Data Entry:					MISLE Incident Investigation Activity Number (if applicable)
<input type="checkbox"/> NONE <input type="checkbox"/> PRELIMINARY <input type="checkbox"/> DATA COLLECTION <input type="checkbox"/> INFORMAL <input type="checkbox"/> FORMAL					
Serious Marine Incident <input type="checkbox"/> Yes <input type="checkbox"/> No Major Marine Casualty <input type="checkbox"/> Yes <input type="checkbox"/> No		INVESTIGATOR (Name)		DATE	APPROVED BY (Name)
					86



STATE OF HAWAII  
DEPARTMENT OF LAND AND NATURAL RESOURCES  
DIVISION OF BOATING & OCEAN RECREATION  
333 Queen St., Rm. 300  
Honolulu, Hawaii 96813

LNR 3-027 (5/99)

## BOATING ACCIDENT REPORT

REPORT NUMBER (for official use only):

The operator/owner of a vessel used for recreational purposes is required to file, within forty-eight hours, any accident resulting in the loss of life or disappearance from a vessel; an injury which requires medical treatment beyond first aid; or property damage in excess of \$200 or complete loss of the vessel. All other accidents are required to be reported within seven days of the accident. This form is provided to assist the operator/owner in filing the required written report. PLEASE COMPLETE BOTH SIDES OF THE FORM.

Accident Date: August 19, 2004 Number Towed: 0 Disappearance ☐  
Waterway: Mamala Bay Number Injured: 1 Alcohol involved ☐  
Nearest Town: Honolulu Number of Vessels in Accident: 1 Rented Vessel ☐  
County: Honolulu Number of People on Board: 12 Damages > than \$200? ☐  
Time: 1700-1730 a.m. p.m. 2 Crew Injury or First Aid ☒  
WEATHER: VISIBILITY: WIND: 1700-1730 WATER CONDITIONS: Water Temp: \_\_\_\_\_  
☒ Clear ☒ Good ☐ None ☐ Calm: waves < 6" Air Temp: 84  
☐ Cloudy ☐ Fair ☒ Light 0-5 mph ☒ Choppy: waves 6"-2'  
☐ Rain ☐ Poor ☐ Moderate 7-14 mph ☐ Rough: waves 2'-6' ☐ Strong Current  
☐ Hazy ☐ Strong 15-25 mph ☐ Very rough: waves > 6'  
☐ Foggy

## TYPE OF ACCIDENT: (a maximum of 3 choices)

☐ Capsizing ☐ Grounding ☐ Skier Mishap ☐ Struck by Submerged Object  
☐ Collision w/Fixed Object ☐ Falls Overboard ☐ Sinking ☒ Other: Parasailing  
☐ Collision w/Floating Object ☐ Fire/Explosion (Fuel) ☐ Starting Engine  
☐ Collision w/Vessel ☐ Fire/Explosion (Other) ☐ Struck by Boat  
☐ Fall in Boat ☐ Flooding/Swamping ☐ Struck by Motor/Prop

## CAUSE OF ACCIDENT: (a maximum of 3 choices)

☐ Alcohol Use ☐ Congested Waters ☐ Careless/Rockless Operation ☐ Drug Use ☒ Equipment Failure  
☐ Excessive Speed ☐ Failure to Vent ☐ Hazardous Waters ☐ Hull Failure ☐ Ignition of Fuel/Vapor  
☐ Improper Anchoring ☐ Improper Loading ☐ Lack of or Improper Boat Lights ☐ Machinery Failure  
☐ Operator Inattention ☐ Operator Inexperience ☐ Overloading ☐ Passenger Skier Behavior  
☐ Restricted Vision ☐ Rules of Road Infraction ☐ Sharp Turn ☐ Standing/Sitting on Gunwale  
☐ Starting in Gear ☐ Weather ☐ No Proper Lookout ☐ Other (describe):

## MACHINERY FAILURE:

☐ Electrical ☐ Engine ☐ Fuel System ☐ Shift ☐ Steering ☐ Throttle ☐ Ventilation

## EQUIPMENT FAILURE:

☐ Auxiliary ☐ Communication ☐ Fire Extinguisher not serviceable  
☐ Sail Demasting ☐ Seat Broke Loose ☐ Sound Producing Equipment ☐ Visual Distress Signal

## ACCIDENT DESCRIPTION: (attach additional sheets if necessary)

Between 1700-1730 hours, August 19, 2004, the tow line attached the parasail parted. Both passengers being flown bumped their forehead. One passenger was hospitalized for observation for four days and released.

## NON-VESSEL PROPERTY DAMAGE:

Est. Amount: \$ N/A

Description of Property:

Property Owner Name \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tele: (H) \_\_\_\_\_ (W) \_\_\_\_\_

## OPERATOR (If different than owner):

Operator Status: ☒ Alive ☐ Deceased ☒ M ☐ F  
Name James M. Regelbrugge, Jr.  
Address 1201 Wilder Ave. #2304  
Hon, HI 96822 Date of Birth 6/19/67  
City Honolulu Zip: 96822  
Tele: (H) 223-3361 (W) \_\_\_\_\_

## OPERATOR EDUCATION:

☐ None  
☐ Informal  
☐ State Course  
☐ USCG Auxiliary  
☐ American Red Cross  
☐ US Power Squadron

## OPERATOR EXPERIENCE:

☐ Under 10 hours  
☐ 10-100 hours  
☒ Over 100 hours  
Operated While Intoxicated Arrest: ☐ Y ☐ N  
# of Other Boating Citations: \_\_\_\_\_

## VESSEL INFORMATION:

Model: \_\_\_\_\_ Boat Name: X-TREME Registration Number: 1153017  
Hull I.D. Number: CNX00024C4 Boat Length: 31' Year Built: 2004 Fuel: ☐ Gas ☒ Diesel  
Number of Engines: 1 Horse Power: 420 Documented Number: 1153017

OWNER: Name X-Treme Parasail, Inc. Date of birth: \_\_\_\_\_  
if different Address P.O. Box 8492  
from operator) City: Honolulu Zip: 96839-0492 Tele: (H) \_\_\_\_\_ (W) 737-3599

## BOAT TYPE:

☒ Open Motorboat ☐ Cabin Motorboat  
☐ Auxiliary Sail ☐ Sail (only)  
☐ Rowboat ☐ Canoe/Kayak  
☐ Thrill Craft ☐ Pontoon  
☐ Houseboat ☐ Other

## HULL MATERIAL:

☐ Wood ☐ Steel  
☐ Aluminum ☒ Fiberglass  
☐ Rigid Hull ☐ Other  
☐ Inflatable  
☐ Rubber/Vinyl/Canvas

## PROPULSION:

☒ Propeller  
☐ Water Jet  
☐ Air Thrust  
☐ Manual  
☐ Sail

## ENGINES:

☐ Outboard  
☒ Inboard  
☐ Inboard/Stern Drive

SURFERS:

On Board:

[ ] Y [ ] N

Were PFD's Used:

[ ] Y [ ] N

FIRE EXTINGUISHER

Type(s):

On Board

[ ] Y [ ] N

Were They Used:

[ ] Y [ ] N

## OPERATION AT TIME OF ACCIDENT (a maximum of 3 choices):

[ ] Changing Speed [ ] Changing Direction [ ] Cruising [ ] Drifting [ ] Towing Another Boat [ ] Being Towed  
 [ ] Rowing/Paddling [ ] Sailing [ ] Launching [ ] Docking/Undocking [ ] At Anchor  
 [ ] Tied to Dock/Mooring [ ] Other (describe): Operating parasail vessel with 2 Pax in chute

## SPEED:

[ ] Not moving

[ ] Under 10mph

[x] 10-20mph

[ ] 21-40mph

VESSEL DAMAGE (estimate): \$ N/A

## ACTIVITY AT TIME (a maximum of 3 choices):

[ ] Racing [ ] Repairs [ ] Skiing/Tubing [ ] Commercial Fishing [ ] Diving/Swimming [ ] Fishing [ ] Fueling  
 [ ] Starting Engine [ ] Tournament

## INJURY #1 (if more than 2 injuries, attach additional sheets)

Name: Steve Jacques Tele: \_\_\_\_\_Address: 1744 N. 350 WestCity: North Ogden Zip: 84414 Date of Birth: \_\_\_\_\_

## INJURY CAUSED BY:

[ ] Impact w/Boat [ ] Treatment More than First Aid  
 [ ] Impact w/Water [x] Admitted to Hospital  
 [ ] Impact w/Fixed Object  
 [ ] Struck by Boat PFD worn? [ ] Y [ ] N  
 [ ] Propeller Injury

## PRIMARY INJURY AND/OR SECONDARY INJURY (mark primary as number 1 and secondary as number 2):

[ ] Amputation [ ] Back Injury [ ] Broken Bone(s) [ ] Burns [ ] Contusion  
 [ ] Dislocation [x] Head Injury [ ] Hypothermia [ ] Internal Injuries [ ] Laceration  
 [ ] Neck Injury [ ] Shock [ ] Sprain/Strain [ ] Spinal Injury [ ] Teeth

## INJURY #2

Name: \_\_\_\_\_ Tele: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## INJURY CAUSED BY:

[ ] Impact w/Boat [ ] Treatment More than First Aid  
 [ ] Impact w/Water [ ] Admitted to Hospital  
 [ ] Impact w/Fixed Object PFD worn? [ ] Y [ ] N  
 [ ] Struck by Boat  
 [ ] Propeller Injury

## PRIMARY INJURY AND/OR SECONDARY INJURY (mark primary as number 1 and secondary as number 2):

[ ] Amputation [ ] Back Injury [ ] Broken Bone(s) [ ] Burns [ ] Contusion  
 [ ] Dislocation [ ] Head Injury [ ] Hypothermia [ ] Internal Injuries [ ] Laceration  
 [ ] Neck Injury [ ] Shock [ ] Sprain/Strain [ ] Spinal Injury [ ] Teeth

## FATALITY #1 (if more than 2 fatalities, attach additional sheets):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## VICTIM WAS:

[ ] Operator  
 [ ] Passenger  
 [ ] Swimmer  
 [ ] Waterskiier

## DEATH CAUSED BY:

[ ] Drowning  
 [ ] Hypothermia  
 [ ] Trauma  
 [ ] Propeller Injury  
 [ ] Other (describe): \_\_\_\_\_

## FATALITY #1 ACTIVITY:

[ ] Fishing [ ] Swimming [ ] Waterskiing [ ] Skin Diving [ ] Other  
 PFD Worn: [ ] Y [ ] N Type of PFD worn: I II III IV V  
 Victim Disappeared [ ] Y [ ] N Ability to Swim: [ ] Y [ ] N

## FATALITY #2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## VICTIM WAS:

[ ] Operator  
 [ ] Passenger  
 [ ] Swimmer  
 [ ] Waterskiier

## DEATH CAUSED BY:

[ ] Drowning  
 [ ] Hypothermia  
 [ ] Trauma  
 [ ] Propeller Injury  
 [ ] Other (describe): \_\_\_\_\_

## FATALITY #2 ACTIVITY:

[ ] Fishing [ ] Swimming [ ] Waterskiing [ ] Skin Diving [ ] Other  
 PFD Worn: [ ] Y [ ] N Type of PFD worn: I II III IV V  
 Victim Disappeared [ ] Y [ ] N Ability to Swim: [ ] Y [ ] N

WITNESSES (Please provide names, addresses and phone numbers of witnesses, if any):

Signature: [Signature]  
 Address: 841 Bishop St., #1614  
Honolulu, HI. 96813

## PERSON COMPLETING REPORT

Printed Name: Bryan Y.Y. HoDate Submitted: August 25, 2004Ph.  
Ph.

H. Ph 864-4071

B. Ph 541-9799

## FOR OFFICIAL USE ONLY:

Reviewed By:  
 Date Received: